

PLEASE NOTE: The individual to whom this is addressed is to confirm receipt to sender.

Attached is a copy of the results from the state Licensure and Federal Certification survey recently completed at your facility.

Please respond to the attached CMS-2567 by:

1. Open the attached PDF form of the CMS-2567.
2. Use the attached "e-2567 provider poc" for providing a response to the deficiencies. Please do not change the formatting of the document including the margins and column sizes.
3. Place your **"Statement of Compliance"** in the box at the beginning of the poc labeled as such.
4. Type each deficiency number cited in the column labeled "ID Prefix Tag". Type your plan of correction in the column labeled "Providers Plan of Correction". You can continue to type as the text will wrap around the cell so that you are not limited in your response. Each deficiency will have three elements that must be completed. The elements are:
 - A. CORRECTION TO RESIDENT(S) AFFECTED:
 - B. SYSTEM CHANGES (IDENTIFICATION AND CORRECTION FOR OTHER RESIDENTS POTENTIALLY AFFECTED):
 - C. MONITORING PROCESS FOR THE SYSTEM CHANGE INCLUDING FREQUENCY AND TITLE OF PERSON RESPONSIBLEFor a detailed description of the elements required for an acceptable plan of correction, please refer to the attached enforcement letter.
5. For each deficiency cited, please copy and paste each element as stated above. If you need space for additional deficiencies please add lines. The space is unlimited.
6. Type the date of correction in the column labeled "Completion Date". Only one date per deficiency is necessary. For a sample, see below.
7. If you wish to lock the e-2567 provider poc form, please leave the "Office Use Only" area unlocked.
8. Save the Health poc as an Excel document and the LSC poc as a **separate** Excel document. They should each be sent as separate documents in one email.
9. Print off the entire CMS 2567 and your completed "e-2567 Provider POC" **for your records**. Post the CMS 2567 and the POC in your facility as per regulatory requirements.
10. When submitting the POC, print the first page of the CMS-2567 for the Health and Life Safety Code (if any); sign and date the first page of each and fax to (402) 471-0555. There is no need to mail any documents.
11. Attach separate Health and LSC documents in an email and send to dhhs.healthcarefacilities@nebraska.gov. Please complete the E-2567 provider POC form and submit within 10 days of receipt of this email.

Your opinion is important to us and we would like your feedback. Please complete an evaluation about this survey by clicking on the link below:

http://dhhs.ne.gov/publichealth/Pages/crl_facindex1.aspx

The Health and Life Safety Code POCs should look like the following:

PLAN OF CORRECTION		
Provider/Supplier Name: ➡	ABC Nursing Home	Survey Date ↓
STREET ADDRESS, CITY, ZIP: ➡	123 Anywhere, Lincoln, NE 68512	10/31/2011
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28- ➡	28-1111
(X4) ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	STATEMENT OF COMPLIANCE: Please accept this as our allegation of compliance.	
F225	CORRECTION TO RESIDENT AFFECTED: Here is where you type your plan of correction. This text will wrap around so if you keep typing it will go to the next line.	11/15/2011
	SYSTEM CHANGES (IDENTIFICATION AND CORRECTION FOR OTHER RESIDENTS POTENTIALLY AFFECTED): Respond to this area also.	
	MONITORING PROCESS FOR THE SYSTEM CHANGE INCLUDING FREQUENCY AND PERSON RESPONSIBLE Respond to this area also.	
F323	CORRECTION TO RESIDENT AFFECTED: Respond to this area.	11/22/2011
	SYSTEM CHANGES (IDENTIFICATION AND CORRECTION FOR OTHER RESIDENTS POTENTIALLY AFFECTED): Respond to this area.	
	MONITORING PROCESS FOR THE SYSTEM CHANGE INCLUDING FREQUENCY AND PERSON RESPONSIBLE Respond to this area	